



Medicaid Academy: Kentucky: **1915(i) RISE Initiative**

Session 2: Provider Enrollment

February 19th, 2026

Your Training Team



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COMING
ATTRACTIONS

Will be posted on [CSH Medicaid Strategy Resources](#) shortly



2026 KENTUCKY MEDICAID CROSSWALK

Medicaid and Services Analysis

Quick recap from our last session

- Your agency's Medicaid Academy team should include Leadership, Program, Fiscal, and Quality staff
- Through the Medicaid Academy series, your team is building a comprehensive 18-month work plan to consider and become a 1915(i)RISE service provider offering Housing and Tenancy Supports. ***CSH is here to help you do this, step by step!***
- Participant Enrollment includes enrolling potential 1915(i)RISE services participants:
 - IN Medicaid, via [kynect Home | Kentucky Assistance Programs](#) for participant Medicaid Enrollment
 - In 1915(i) RISE Services via this referral form- [1915IRISEReferralSubmissionForm.pdf](#)
 - In Housing and Tenancy Services

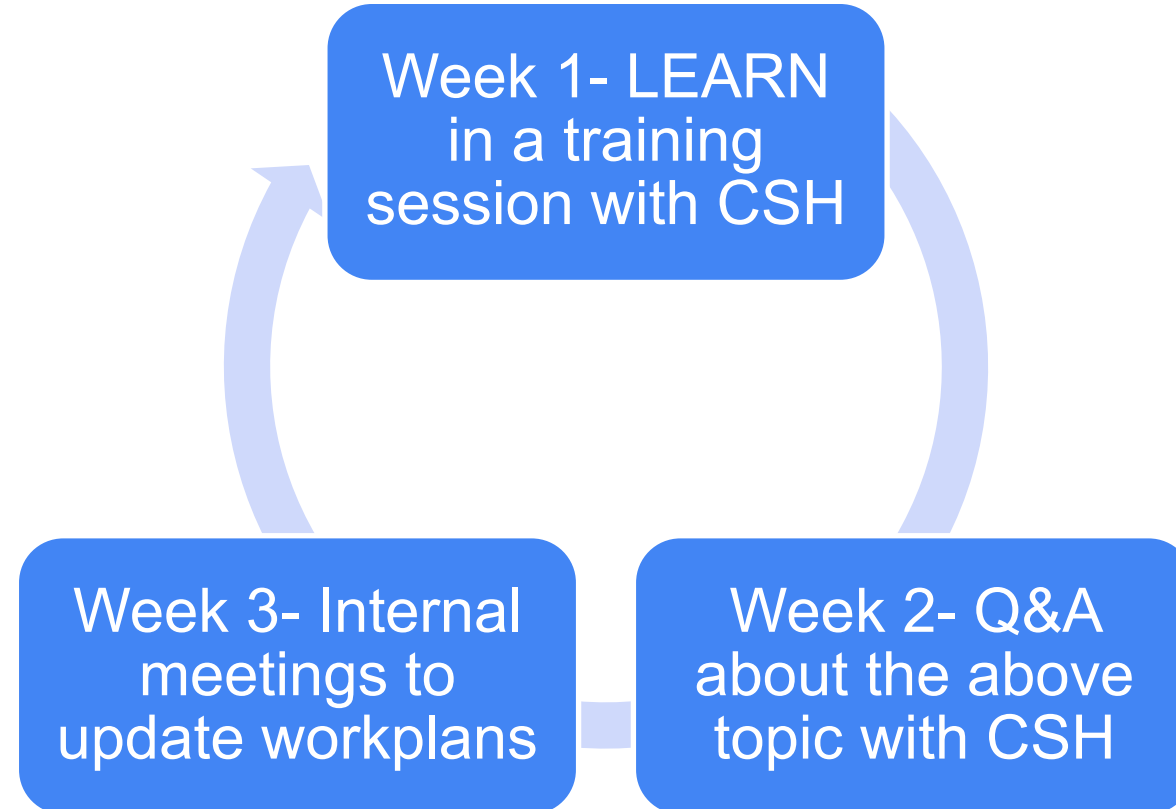
Missed the previous session? Medicaid Academy materials are available here: - [CSH Medicaid Strategy Resources](#)

Since our last session we hope you have

- Solidified your agency team. Your agency's Medicaid Academy team should include Leadership, Program, Fiscal, and Quality staff.
- Determined an internal lead for this process and developed a process for sharing files across your team members.
- Begun a DRAFT workplan with clear deliverables, responsible parties and timelines.

Missed the previous session? Medicaid Academy materials (recordings and tools) are available here: - [CSH Medicaid Strategy Resources](#)

Training Cycle



Medicaid Academy Schedule

Session	Topic	Date	Link
2..	Topic #2 Provider Enrollment	Feb 19, 2026	https://csh-org.zoom.us/j/87392016859?pwd=D0bYV8jtp2KKRXZp8EuxvfvEk6KpU3.1
	Office Hour Q&A on Topic #2	Feb 26, 2026	https://csh-org.zoom.us/j/86371962189?pwd=sNZLY2bNHZMLCqG0ZDC63LROxOPBSI.1
3..	Topic #3: Staffing & Budgeting	March 12, 2026	In Person – Frankfort, KY Dept of Public Health
	Office Hour Q&A on Topic #3	March 19, 2026	https://csh-org.zoom.us/j/89281717808?pwd=722aaGnK5QbpXvv0HiVQwEs1SYXza.1
4.	Topic #4: Policies & Procedures	April 2, 2026	https://csh-org.zoom.us/j/87361406535?pwd=eNEJfNE3vkH7rlyLj23rwaOyQHxa3N.1
	Office Hour Q&A on Topic #4	April 9, 2026	https://csh-org.zoom.us/j/84811338738?pwd=dmbVKTvLfEJlPno9e8eF8wf5BNztl7.1
5.	Topic #5: Documentation & Billing	April 23, 2026	https://csh-org.zoom.us/j/89680281916?pwd=gzcUAH7LWbRD1j2K7jQHlahYazFrIF.1
	Office Hour Q&A on Topic #5	April 30, 2026	https://csh-org.zoom.us/j/84594719074?pwd=mEm6oA7iJZ0FGB6FCFu0jQrd3qiaE8.1
6.	Topic #6: Quality Services	May 14, 2026	https://csh-org.zoom.us/j/84928386222?pwd=h8Fww3w4ous

Plan for Today:

Session 2

Learn about and prepare your agency for:

- General steps to become a Medicaid-billing provider
- Kentucky's process to become a ***1915(i) RISE-specific*** Medicaid service provider

Here today: Your Team Staff who lead your agency in the following areas



Program



Fiscal

Provider Enrollment



[csh.org](https://www.csh.org)

Provider Enrollment is How the State...



Makes sure agencies are tracked and the state knows how many agencies offer what services in what communities



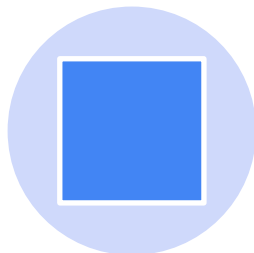
Tracks agencies compliance with state and federal Medicaid requirements



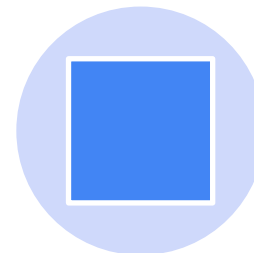
Ensures agencies are qualified to deliver the services they are contracted to deliver



Communicates to Managed Care Organizations (MCOs) who are qualified providers that MCOs can contract with



Ensures agencies are HIPAA compliant so the state can share critical data with them



Assigns your agency its Medicaid ID # that is needed on all claims and most communications with the state or other payers

Title 907 | Chapter 016 | Regulation 015

📘 PREVIOUS VERSION The previous document that this document is based upon is available.

[View Previous Version](#)

907 KAR 16:015. Recovery, Independence, Support & Engagement (RISE) Initiative 1915(i) Home and Community-Based Services (HCBS); Provider Participation and Enrollment.

RELATES TO: KRS 205.520, 273.182, 45 C.F.R. Parts 160, 162, 164

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has the responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity

7-Year Expiration: 7/30/2032

Last Updated: 8/13/2025

↓ Download ▾

View Markup

These are the foundation regulations to the 1915(i) RISE program and what state officials base their program design and monitoring on

1915(i) regulations summarized at [Title 907 Chapter 16 - Kentucky Administrative Regulations - Legislative Research Commission](#)

[Title 907 Chapter 16 Regulation 015](#) • [Kentucky Administrative Regulations](#) • [Legislative Research Commission](#)

The background of the slide is a photograph of a lush green hedge in the foreground, with a grassy lawn in front of it. The sky is blue with some white clouds. The text is overlaid on the lower portion of the image.

How to become a RISE provider is outlined by the state at [KY 1915\(i\) RISE Provider Journey.pdf](#)

1 Learn About the Opportunity and Access Website

- Understand the 1915(i) RISE Initiative and the 1915(i) benefit.
- All 10 services included in the 1915(i) RISE Initiative are Medicaid-reimbursable.
- Navigate to dbhdid.ky.gov/1915iriseinitiative to learn more.
- Online information includes the following:
 - Overview of 1915(i) services.
 - Provider agency qualifications.
 - Pre-requisite requirements.
 - Summary of Certification steps and process timeline.
 - General instructions video for provider enrollment in New Provider Agency Orientation.

2 Online Agency Level 1 Training

- Follow link for self-registration to the Adobe Learning Manager (ALM) system.
- Complete 1915(i) RISE Level 1 Training.
 - Providers who have an existing ALMS account should email 1915iRISEprovider@ky.gov for access to training.

3 Submit Certification Packet

- Includes the following:
 - Level 1 Training completion notice.
 - Completed provider certification packet.
 - Checklist of services.

4 DBHDID Submission Verification

- Verification of packet for completeness and alignment with service model.
- Feedback provided within 10 business days: approval, request for edits, or denial.
- Technical Assistance (TA) available for corrections or clarification.

5 Level 2 Training Completion

- Executive director or equivalent completes online Level 2 Trainings.
- Examples of topics include the following:
 - Participant rights and self-determination.
 - Claims, billing, and reimbursement.
 - Medicaid enrollment process.

6 Formal Certification Review

- While the provider completes Level 2 Training, DBHDID conducts a review of the following:
 - Certification packet.
 - Staff credentials and experience.
 - Service alignment with fidelity model.
 - Tax ID, business licenses, insurance.

7 On-Site Pre-Service Review

- After Level 2 Training and Certification Review, DBHDID schedules an On-Site Pre-Service Readiness Review.
- Verifies safety, staff training records, and operational readiness of provider agency.

8 Agency Certification Decision and Orientation

- Provider receives a decision letter from DBHDID by email.
- If approved, providers receive a pre-certification letter and guidance on next steps.

9 Enroll in Medicaid and Therap

- Set up Medicaid profile and complete application in Medicaid Partner Portal Application.
- If not already registered for an account with Therap, create an account.
- Receive Medicaid ID, billing instructions, and enrollment confirmation from DMS.
- Access staff training modules in ALMS.

10 Deliver Services and Maintain Records

- Begin delivery of services as per PCSP.
- Use required forms and service tracking logs.
- Submit claims via Medicaid system.

11 Participate in Continuous Quality Improvement

- Participate in 90-day compliance check.
- Maintain staff training and regular service documentation.
- Engage in continuing education opportunities.
- Participate in periodic fidelity reviews and optional TA sessions.
- Prepare for re-certification every two years or less.

Websites to Bookmark

- [DBHDID 1915\(i\) RISE program](#)
 - [1915\(i\) RISE Provider Resource documents](#)
 - [Provider Agency & Staff Certification Training Outline.docx](#)
 - [iRISE51.pdf](#)- Details on requirements for Provider Type 51
- KY Databases, you are signing into
 - [Adobe Learning Manager](#) for KY: Required trainings to be a RISE provider
 - [Partner Portal](#)- KY Medicaid Provider Portal
 - [Sign In](#)- KY Medicaid Enterprise User Provisioning System
 - [kynect Home | Kentucky Assistance Programs](#) for participant Medicaid Enrollment
- [Therap for Electronic Documentation for the Kentucky Scheduling/Electronic Visit Verification \(EVV\)](#)
- [Billing Manuals](#) for all services
- [Provider Billing Instructions](#) for RISE



Enrolling as a 1915(i) RISE Provider

Step 1- Learn about 1915(i) RISE

- Eligibility criteria for Persons, what we learned in Session #1
- Eligibility criteria for Direct Services Agencies
- [Department for Behavioral Health, Developmental and Intellectual Disabilities](#)- 1915(i) RISE website
- Assess your residents/ tenants/ participants. What is their health care coverage {1915(i) RISE is for those with Medicaid insurance coverage ONLY} and would you expect them to meet criteria?

Step 2- 1915(i) RISE Level I Training

- Sign up for an Adobe Learning Management Systems (ALM) Account
 - Your executive director will sign in to create an account and take the level I training. Executive leadership needs to take the Level II training. All 1915(I) RISE staff take Level III training.
 - [Sign in](#)- create an Adobe Account
 - [Adobe Learning Manager](#) for KY
 - [Create or update your Adobe account](#)
 - HOW TO VIDEO on ALMS Accounts- [You Tube Video on ALMS accounts](#)
- Level I training:
 - Is for your agency and programs' leadership
 - Includes 1915(i) RISE Overview, Services, Participant Journey and Provider Certification/ Journey
- Ending Step 2 means you have submitted
 - Certification of Level 1 Training Completion
 - You have informed the state which of the 10 1915(i) RISE services, your agency will offer
 - MAM ASKING ABOUT THE PROVIDE CERTIFICATION PACKET mentioned in the provider journey doc

From the state's Level 1915(i) RISE training



2. Case Management

The backbone of the 1915(i) RISE support system, case management includes coordination of services, connection to benefits, monitoring of needs, and adjusting the participant's service plan over time. Participants select their case manager during the planning phase and begin building a shared understanding of roles and boundaries. Case management is included in every participant's plan.

This will differ from the Hands-On Case Management that your agencies currently offer. You might want to change what you call your services, so that there are not duplication of services!

From the Level 1915(i) RISE training



3. Housing & Tenancy Supports

Helps individuals find, get, and keep housing. Services may include searching for apartments, applying for housing vouchers, helping with landlord communication, and creating a plan to prevent eviction. During planning, the case manager works with the participant to further assess housing needs, stability risk, and any prior eviction or homelessness history. The housing support plan is created with both short- and long-term goals.

From the Level I RISE video Training

- Your agency CEO is required to complete the Level I Training
- Includes Housing and Tenancy Supports
- Goal is a safe, stable and accessible home within the community
- 180 days of services with authorized extensions
- Eligibility for Housing and Tenancy Supports
 - Homeless
 - At Risk of Homelessness
 - Living in HUD assisted Housing (e.g. COC, PHA)
- This is Housing and Tenancy Support SERVICES ONLY
- FEE Schedule is at [1915 \(i\) RISE Initiative Fee Schedule 6-27-25.pdf](#)
- Agencies to designate certain roles with certain responsibilities including
 - CEO, COO, CFO, HR Director, Program Director, Direct Services Staff
- Level III: Training
 - All direct Services staff have a list of required trainings to be completed within 6 months of hire, all on the ALM system. Your agency must have a way to track compliance to this (and all other) requirements.
 - Fiscal and QA staff have required trainings on documentation and billing

Step 3- Submit Certification Packet

- **Complete Provider Certification Packet**
- **Documentation of STEP 2, LEVEL 1 1915(i) RISE, Training Completion Notice**
- **Submit Checklist of Services**

List of available services, checklist, SPA and regulations

Agency:		Contact Person:	
Phone:		E-mail:	

Service Name	Offering (Yes/No below)	Date(s) to begin offering service(s) MM-DD-YYYY	Counties Served or Statewide
Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Case Management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In-Home Independent Living Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication Management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Planned Respite for Caregivers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervised Residential Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supported Education	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supported Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing & Tenancy Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Medical Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**State
Checklist of
services,
submitted as
part of Step 2
completion**

**This form
is downloaded
at the end of
the Level I
1915(i) RISE
training**



Provider Certification Packet

Please note: You should read this document carefully. There are many details included, and incomplete certification packets will not be processed.

The following is a list of required items/documents needed to complete your certification packet. You will need to address exactly as indicated below. If you fail to submit a complete certification packet you will be prompted to resubmit the entire packet, which will cause delays in the review process. To submit your packet, email it to 1915iRISEprovider@ky.gov.

Provider Certification Packet includes:

- 1915(i) RISE Program Director Criteria (Found in [907 KAR 16 015](#))
 - Bachelors in human services field AND 2 years' experience w/ target population AND 2 years management experience
- Director must also Submit
 - Transcript
 - Resume or CV
 - Contact Information
 - State Criminal Record check- <http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx>.
 - Child Abuse Check- [7dab6c8861b24759be0c4b343350e92e.pdf](#)
 - Federal Office of the Inspector General (OIG Exclusions check- <https://exclusions.oig.hhs.gov/default.aspx>
 - Caregiver Misconduct Registry for the Director: <https://prd.webapps.chfs.ky.gov/kacmr/Home.aspx>.
 - Lab confirmed results of at least a five-panel drug test for the Director.
 - The Kentucky Applicant Registry and Employment Screening program can be used to satisfy the background check requirements. [KARES - Kentucky Applicant Registry and Employment Screening - Cabinet for Health and Family Services](#)

Provider Certification Packet includes:

- Agency Business Plan for 1915(i) RISE
- Policy Manual must be submitted as part of the certification packet. Manual must be in MICROSOFT WORD. Current policy manual, can be adapted but must use language that specifically refers to the 1915(i) RISE program and uses this programs terms. E.g. participants or members, rather an tenants.
- Agency Projected Operating Budget for 1915(i) RISE for the initial 6 months
- Proof of financial viability. A financial statement demonstrating that six months of expenses are covered based on your budget
- Organizational chart
- List of the agency board of directors
- Agency Articles of Incorporation and Bylaws
- IRS Tax ID letter for your agency
- If a nonprofit, verification of your 501(c)(3) status
- Proof of registered agent and a registered office in Kentucky with the Office of the Secretary of State and proof of good standing with the Office of the Secretary of State of the Commonwealth of Kentucky.
- If you are currently a Medicaid enrolled provider, please specify what provider type(s) you are currently enrolled in

Step 4- DBHDID Review and Approval of Certification Packet

- DBHDID will offer TA to support completion of this packet/ stage of the process
- DBHDID to hold regular office hours starting March 2026. Will be first Monday of the month from 3-4 pm. Registration link will be at [Department for Behavioral Health, Developmental and Intellectual Disabilities](#)
- Communicate with the state via 1915iRISEprovider@ky.gov. State staff will respond directly.

Step 5- RISE Level II Training

- Back to [Adobe Learning Manager](#) for the training.
- Complete the training and again, receive a learning badge that is needed in STEP 6.
- WHO COMPLETES THIS Training and needs a badge
 - Agency executive staff including
 - CEO, COO, CFO,
 - 1915(i) RISE program director
 - Anyone else in the chain of command with oversight of the 1915(i) program staff
- Certifications for completed trainings are sent to 1915iRISEprovider@ky.gov.

Level II RISE Training

- Must be completed by Agency executive staff
- Includes
 - Participants' Rights and Responsibilities
 - Confidentiality and HIPAA compliance
 - Quality Measures and Reporting Requirements
 - Regulatory and Statutory Compliance
 - Recognizing and Reporting Abuse, Neglect and Exploitation
 - Medicaid Enrollment Process
 - Claims, Billing and Reimbursement Process

Participants' Rights and Responsibilities

- From RISE LEVEL II Training
- What should my agency do?
 - Review Workflows and Policies and Procedures Manual to be sure your agency is compliant and has these processes in place.
 - Add, subtract or edit your current Participants' rights and responsibilities materials to be compliant with this list both in the spirit and the letter of the requirements

Legal and Ethical Rights of 1915(i) RISE participants

Broadly speaking, all 1915(i) RISE participants have the right to:

- Choose their provider(s).
- Receive or decline services without discrimination, abuse, neglect or exploitation.
- Be involved in their service planning and delivery.
- Access services in the most inclusive setting possible.
- Receive written notice of decisions affecting their eligibility or services.
- File an appeal or grievance without fear of retaliation.

This is not an exhaustive list; providers should consult with counsel to ensure compliance with all relevant statutory and regulatory requirements.

Participants' Rights and Responsibilities

- From RISE LEVEL II Training
- What should my agency do?
 - Review Workflows and Policies and Procedures Manual to be sure your agency is compliant and has these processes in place.
 - Add, subtract or edit your current Participants' rights and responsibilities materials to be compliant with this list both in the spirit and the letter of the requirements
- Some of these requirements may be new to a housing or homeless agency such as the Mental Health Bill of Rights, others should already be part of your P&P Manual such as Civil Rights Protections, ADA and Fair Housing

Additional Rights and Protections

Participants also retain rights under broader federal laws such as:

- Civil Rights protections
- Fair Housing Act
- Americans with Disabilities Act (ADA)
- Kentucky Mental Health Bill of Rights (Kentucky Administrative Regulations, Title 908, Chapter 3:010)
- Kentucky Revised Statutes (KRS) Chapter 202A, including involuntary hospitalization and due process

This is not an exhaustive list; providers should consult with counsel to ensure compliance with all relevant statutory and regulatory requirements.

Participants' Rights and Responsibilities

- From RISE LEVEL II Training
- You should already have policies and procedures reflective of
 - Respect for Participants' Rights
 - Culturally and Linguistic Competency
 - Trauma Informed care
 - Protection from Discrimination, Retaliation and Diversion

Demonstrate respect for participants' rights by:

- Communicating with individuals clearly and respectfully during service engagement and at regular intervals.
- Documenting that rights have been reviewed and informed consent obtained.
- Encouraging participants to express preferences, make choices, and direct their own services.
- Recognizing when a participant's rights may be compromised and taking appropriate action (e.g., consult a supervisor, file a report).
- Adjusting communication styles or tools to accommodate cognitive, linguistic, or cultural needs.
- Maintaining appropriate boundaries that reinforce participant empowerment, not dependency.
- Actively supporting participants in filing grievances or accessing advocates without fear of retaliation.

Medicaid has very specific requirements around Grievances and Appeals

- From RISE LEVEL II Training
- You may need to revise your policies and procedures manual to reflect the required process

Support for Grievance Processes

Providers, particularly Case Managers, should familiarize themselves with the 1915(i) RISE Initiative Grievance Process outlined in 907 KAR 16:015, Section 1 (3)(j). Specifically, providers must ensure participants' access to:

- the means to voice grievances and complaints regarding services and supports that are furnished without fear of retaliation, discrimination, coercion, or reprisal; and
- a grievance and appeals system that includes an external mechanism for review of complaints.

These rights are in addition to the Medicaid Appeal Rights described in Section 11 of the same regulation.

Duty to Warn

- From RISE LEVEL II Training
- You may need to revise your policies and procedures manual to reflect the required process
- Determine when does your agency call 988 or other emergency mental health assistance

Kentucky's Duty to Warn Requirements– KRS 202A.400

•Who is covered?

Licensed mental health professionals (e.g., psychologists, psychiatrists, counselors, social workers).

•When does the duty apply?

When a participant communicates an *actual threat* of physical violence against an identifiable victim.

•What must be done?

Provider staff must take *reasonable steps* to:

- Warn the potential victim(s)
- Notify local law enforcement near patient and victim

•Legal protection:

Professionals acting in *good faith* are protected from liability for disclosures made to prevent harm.

Communication and Support Around these Issues

- From RISE LEVEL II Training
- You may need to revise your workflows and/or policies and procedures manual to reflect when and how these critical supports are engaged

Providers and staff may connect directly with DBHDID for guidance, to report concerns, or suggest system improvements by calling 502-564-9189 or emailing 1915iRISEProvider@ky.gov

Contact CHFS Listens 1-833-372-0004
CHFS.Listens@ky.gov | [Contact Us](#)

Contact the Ombudsman 1-866-KYOMBUD
kyombud@ky.gov | auditor.ky.gov/kyombud

What is a “Setting”?

- Setting means where a person lives
- Critical that this is a place chosen by the individual. CHOICE is a fundamental values in Medicaid and HCBS
- The person should have a lease that has not differences from a non-disabled person's lease.
- Setting should be easily accessible to community resources
- Person Centered Services Plan (PCSP) must reflect the setting and that is was chosen by the individual
- More details of requirements at [eCFR :: 42 CFR 441.710 -- State plan home and community-based services under section 1915\(i\)\(1\) of the Act.](#)

Home & Community Based Services Final Regulation

The final Home and Community-Based Services (HCBS) regulations set forth new requirements for several Medicaid authorities under which states may provide home and community-based long-term services and supports. The regulations enhance the quality of HCBS and provide additional protections to individuals that receive services under these Medicaid authorities.

• Final Regulation:

- [1915\(i\) State Plan HCBS, 5-Year Period for Waivers, Provider Payment Reassignment, Setting Requirements for Community First Choice, and 1915\(c\) HCBS Waivers - CMS-2249-F/CMS-2296-F](#)
- **Informational Bulletin** - [Final regulations for HCBS provided under Medicaid's 1915\(c\), 1915\(i\) and 1915\(k\) authorities](#)
- **Fact Sheets Regarding Final Regulation CMS-2249-F/CMS-2296-F**

Related Links

- [Joint Statement on Implementation of the Home and Community-Based Services Settings Regulation](#)
- [NEW: HCBS Final Rule Implementation Update](#)
- [HCBS Technical Assistance for States](#)
- [HCBS Training Series](#)

[Home & Community Based Services Final Regulation | Medicaid](#)

Confidentiality and HIPAA Compliance

HIPAA



Click the house to go home
Click the X to leave the module



**Welcome to the Health
Insurance Portability and
Accountability Act
of 1996 (HIPAA) Module**



Kentucky Public Health
Prevent. Promote. Protect.

**We will cover
HIPAA in more
detail in
upcoming
sessions on
Policies and
Procedures and
Documentation**

Click the arrows below to
navigate through the
module

Health Insurance Portability and Accountability ACT- HIPAA The Basics

[The HIPAA Privacy Rule | HHS.gov](#)

- What are your policies to maintain confidentiality?
- How do you ensure that policies are followed and in a way that monitors can track.

[The Security Rule | HHS.gov](#)

- Governs electronic transfer of Protected Health Information or PHI
- You are electronically transmitting health information in screenings, assessments and billing.

Quality Measures and Reporting

- What are some of the measures is the state sending to CMS? What is the state monitored on?
 - That assessments and evaluations are independent and unbiased
 - Services are provided as laid out in the Person-Centered Services Plan (PCSP)
 - Services meet state standards
- Provider Responsibility
 - Use Assessments to reflect participant's goals and needs as defined by the participant
 - Ensure changes in the person's functioning are documented and reported to the 1915(i) RISE Case Manager and appropriate changes are made to the PCSP. Goals are adapted
 - Document in a Medicaid Compliance manner
 - All staff attend Mandatory trainings
 - Know and adhere (and have a compliance tracking system) for Provider Certification requirements
 - Comply with settings requirements
 - Support in the SERVICES certification and recertification process and make sure relevant information is up to date in the KY Medicaid Partner Portal Application ([Partner Portal](#))
 - Identify and report and train families and supports on how to report abuse, neglect and exploitation in accord with state required incident reporting systems.

Recognizing and Reporting Abuse, Neglect and Exploitation

- Protecting safety and wellbeing for participants
- Required reporting of abuse, neglect or exploitation, AKA Duty to Warn- [Kentucky Revised Statute 209.030](#)
- All Reports are investigated by the KY Department for Community Based Services ([DCBS](#))
- Training defines in detail a variety of types of Abuse, Neglect and Exploitation
- Incidents of Abuse, Neglect and Exploitation are reported in the [Therap for Electronic Documentation for the Kentucky Scheduling/Electronic Visit Verification \(EVV\)](#) system

Medicaid Enrollment Process



.TEAM 

- "Certification as a RISE provider, differs from Enrolling as a KY Medicaid provider.
- RISE Level II Training includes details on how to navigate this process.
- A few critical points
 - Every application submitted has an application ID and is needed for all communications with the state
 - Once enrolled as a Medicaid provider, your agency should have staff able to check the state systems to determine your participant's Medicaid enrollment status
 - These state systems can also share each participants Medicaid Identification number. participant's Medicaid ID numbers are needed for every claim for payment.
 - Your agency Medicaid ID is also needed for every claims and all communications with the state regarding any topic.
- 1915(i) RISE provider Type is 51. More details about this at [iRISE51.pdf](#)

The Provider Agreement

MAP-811 Checklist

NOTICE: Pursuant to [907 KAR 1:672](#) Section 2 1(c) (1), you must be enrolled as a participating provider prior to being eligible to receive reimbursement. **Enrollment in the program is not a guarantee; therefore, providing services to Kentucky Medicaid members prior to your effective date is at your own financial risk.**

A complete list of enrollment requirements for each provider type can be found on our website at the following link: <https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx>

Did you:

- ◆ Complete *all* questions? Questions not applicable should be completed with "N/A".
(Applications will be rejected for any questions left blank.)
- ◆ Sign and date signature page (page 12) *Electronic or stamped signatures are not accepted.*
- ◆ Attach appropriate licenses and/or certifications and all other required documents for requested effective date as well as current?
- ◆ Attach verification documentation for NPI and Taxonomy Code(s) from CMS NPI vendor or NPPES.
- ◆ Attach a [MAP-347](#) if individual wants to be linked to group KY Medicaid provider number.
- ◆ Attach a copy of your Social Security card if you are enrolling as an individual. Attach your IRS verification letter if you are applying with a FEIN.
- ◆ If you are subject to an application fee, please attach a check payable to the KY State Treasurer. For more information on the application fee, please refer to your Provider Type Summary at <https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx>.

- [RISE Specific Provider Requirements](#) that you will comply with
- New to you may be
 - Provider Type- 51
 - Ownership and control;
 - Non Profits will want Board info
 - For profits will be looking for details on any owners with at least 5% control
 - If all you are doing is RISE, you are NOT contracting with an MCO
 - Addresses, list your agency's main office and the office associated with the agency's legal name
 - No licenses are required for non case management RISE services
 - You are certified for 5 years, under this agreement
 - Maintaining electronic records for 5 years
 - Agrees to DMS review of records
 - Maintains RISE certification
 - Follows all state and federal laws and requirements

Claims, Billing and Reimbursement Process

- **Covered in
DEPTH in
session #5**

Step 6- Formal Certification Review

- Relevant staff have completed RISE Level 2 Training
- Your agency has built compliance with the RISE requirements learned about in the Level 2 training including
 - Staff Credentials and experience
 - Fidelity Review for Supported Education and Supported Employment Services (IPS)
 - Tax ID for your agency
 - Business Licenses for the state and local requirements
 - Insurance, KY Medicaid requires liability insurance **at THE FOLLOWING LEVELS**

Preparing for the Site Visit

- Review the [Pre-ServiceReviewPreparationChecklist.docx](#) and make sure your agency is compliant with requirements
- DBHDID staff will be reviewing
 - All personnel records associated with 1915(i) RISE
 - Training requirements including CPR, First Aid, HIPAA, Reporting Abuse, Neglect and Exploitation, KY Incident Reporting
 - Sample documentation for an individual in each individual RISE service
 - All forms that are completed as part of the 1915(i) RISE program
 - Plan for use of the EVV system, [Therap for Electronic Documentation for the Kentucky Scheduling/Electronic Visit Verification \(EVV\)](#)
 - Sample staff evaluation form
 - Completion of state forms to support the visit including:
 - [PersonnelAndTrainingChecklist.xlsx](#)
- Liability insurance documentation
- All materials that were submitted as part of the Step 3, certification packet
- Sample MOU between your agency and agencies that perform the Case Management Role

Step 7- On-Site, Pre-Service Review

- DBHDID monitoring staff looking for evidence that your agency is complying with the program requirements, certification process and provider agreement requirements

Step 8- DBHDID Decision Letter

- DBHDID will help you learn from and correct any places your agency is non-compliant. Your agency must be compliant with all requirements before DBHDID will issues a decision/ precertification letter
- That Certification Letter, that you have completed this process is required for Step 9

Step 9: Enroll in Kentucky Medicaid and Therap for Electronic Documentation for the Kentucky Scheduling/Electronic Visit Verification (Evv)

- KY Medicaid Enrollment Process is included in the RISE Level 2 training.
- Provider Agreement document review is critical. Your Policy and Procedures Manual will need to be adapted to comply with this document.

Steps 10 and 11

- Deliver Services
- Maintain records including the Person-Centered Services Plan (PCSP) and how the services you deliver are supporting the person and their Person-Centered Services Plan (PCSP)
- Participate in Continuous Quality Improvement (CQI) process including
 - 90 Day compliance checks- [PreparationFor90-DayReview.doc](#)
 - Following your agency's CQI process to maintain staff training records and documentation compliant records and
 - Engage in Continuous Education Opportunities
 - Periodic fidelity review for certain RISE Services
 - Prepare for Recertification that is required every 2 years.



Questions?

Up Next:

**NEED TO UPDATE
Provider Q&A-
February 26th- 10 am to 11 am**

**IN PERSON MARCH 11th,
Staffing and Budgeting**

Planning Ahead:

Who needs to attend:

Exec, Finance and Program Lead

What do you need to gather and have access to during Session 3:

- Access to staff salaries for direct service staff, middle managers or supervisors, and quality improvement staff (aka personnel expenses)
- Access to program budget(s) that include operating costs for your organization (office rent, utilities, technology costs, any OTPS expenses)

Thank you!

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